

2020 Medicare Advantage HMO Plans in Erie County

Original Medicare		MVP Health 1-888-280-6205				Wellcare 1-800-278-5155			BlueCross Blue Shield 1-800-248-9296			
Medical Service	Original Medicare	Preferred Gold		Gold Secure		Wellcare Advance NO RX	Wellcare Classic	Wellcare Value	Senior Blue 601 NO RX	Senior Blue 651	Senior Blue Select	Blue Saver
Medical Service	\$144.60	\$210		\$25		\$0	\$0	\$0	\$0	\$124	\$56	\$0
		HMO-POS		HMO-POS		HMO	HMO	HMO	HMO	HMO	HMO	HMO
Deductible	\$198	\$0	\$0	\$0	\$0	\$0	\$200	\$225	\$0	\$0	\$0	\$0
		IN	OUT	IN	OUT							
Prescription Drugs	20% Part B covered only; No Part D	Copays \$0/\$10/\$40/27%/33%, Part B Drugs-20%	Copays \$0/\$10/\$40/27%/33%, Part B Drugs-20%	Copays \$0/\$12/\$47/25%/25%, \$350 deductible for Tiers 3-5 Part B Drugs-20%	Copays \$0/\$12/\$47/\$27%/25%, \$350 deductible for Tiers 3-5; Part B Drugs-20%	NO RX Benefit Part B Drugs-20%	Copays \$0/\$15/\$47/48%/33% Part B Drug -20%	Copays \$0/\$12/\$47/48%/33% Part B Drugs-20%	No RX Benefit, Part B Drugs-20%	Copays \$2/\$10/\$42/\$94/33%; No Deductible Part B Drug: \$25-20%	Copays \$2/\$10/\$42/\$94/29%, \$195 Deductible for Tiers 3-5; Part B Drugs-20%	Copays \$2/\$12/\$42/\$94/27%, \$300 deductible for Tiers 3-5; Part B Drugs-20%
Vision Services	20% + for 1 pair glasses, frames, or contact lens after cataract surgery, 20% + coverage for retinopathy exam 1/year for diabetics	\$20 Routine, \$40 Other Eye Exams, \$175/2 yrs. Max for Routine Eyewear	30%	\$20 Routine, \$50 Other Eye Exams; No eyewear allowance	30%	\$0 Routine Eye Exam, \$35 Other Exams, Plan Pays up to \$100/yr. for Routine Eyewear	\$0 Routine Eye Exam, \$40 Other Exams, Plan Pays up to \$100/yr. for Routine Eyewear	\$0 Routine Eye Exam, \$50 Other Exams, Plans Pay up to \$100/yr. for Routine Eyewear	\$25 Routine Eye Exam, \$45 other exams; \$100/yr. max for Routine Eyewear	\$25 Routine Eye Exam, \$25 other exams; \$100/yr. max for Routine Eyewear	\$25 Routine Eye Exam, \$30 other exams; \$100/yr. max for Routine Eyewear	\$25 Routine eye Exam, \$40 other exams; \$0 Routine eyewear
Hearing Services	20%	\$20 Exam, \$499-\$799 for each hearing aid	Not covered	\$20 Exam, \$699-\$999 for each hearing aid	Not Covered	\$0 Exam, \$35 diagnose/ treatment, \$350/yr. toward hearing aid/ear	\$75 diagnose/ treatment, \$750/yr. hearing aid benefit/ear	\$50 diagnose/ treatment, \$750/yr. hearing aid benefit/ear	\$45 Exam, \$45 diagnose/ treatment; \$699-\$999/yr. toward hearing aid	\$45 Exam, \$25 diagnose/ treatment; \$699-\$999/yr. toward hearing aid	\$45 exam, \$30 diagnose/ treatment; \$699-\$999/yr toward hearing aid	\$45 exam, \$40 diagnose/ treatment, \$699-\$999/yr. toward hearing aid
Diabetic Training and Supplies	20%	Training \$0, Supplies 10%-20%	30%	Training \$0, Supplies 10%-20%	30%	\$0 supplies, \$0 training	\$0 training, 20% shoes/inserts \$0 supplies	Training \$0, Supplies 20%, Shoes/Inserts 20%	\$0 diabetic stockings, shoes/inserts; 20% other items	\$0 diabetic stockings, shoes/inserts; 20% other items	\$0 diabetic stockings, shoes/inserts; 20% other items	\$0 diabetic stockings, shoes/inserts; 20% other items
Dental Coverage	Limited Coverage	Not Covered	\$120/yr. for preventive services	\$120/yr. for preventive services	Not covered	\$0 Exam & Cleanings 2xs/yr., fluoride treatment 1x/yr., X-ray:once every 12-36 mos; other up to \$750/yr	\$0 Exam & Cleanings 2xs/yr., fluoride treatment 1x/yr., X-ray:once every 12-36 mos; other up to \$500/yr	\$0 Exam & Cleanings 2xs/yr., fluoride treatment 1x/yr., X-ray:once every 12-36 mos; other up to \$500/yr	Preventive dental (routine cleanings, oral exams & x-rays); \$10/service	Preventive dental (routine cleanings, oral exams & x-rays); \$10/service	Preventive dental (routine cleanings, oral exams & x-rays); \$10/service	Preventive dental (routine cleanings, oral exams & x-rays); \$10/service
Max out of Pocket		\$6,700	None	\$6,700	None	\$6,700	\$6,700	\$6,700	\$6,700	\$6,700	\$6,700	\$6,700
With Full LIS		\$159.20		\$1.10		NO RX	\$0	\$0	NO RX	\$102.50	\$19.40	\$0
With Full LIS & EPIC		\$136.40		\$1.10		NO RX	\$0	\$0	NO RX	\$71.00	\$0	\$0